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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/053,088
		Filing Date	January 18, 2002
		First Named Inventor	Graham J.H. Melrose
		Group Art Unit	1751
		Examiner Name	Preeti Kumar
Total Number of Pages in This Submission	2	Attorney Docket Number	2354/141 (FF34527/02)

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply (\$_____)	<input type="checkbox"/> Declaration and Power of Attorney	<input checked="" type="checkbox"/> Appeal Communication to Group (\$250.00) (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition (\$_____)	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (\$285.00)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures
<input type="checkbox"/> Information Disclosure Statement (\$_____)	<input type="checkbox"/> Terminal Disclaimer (\$_____)	<input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Check in the amount of \$535.00
<input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$_____)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53		
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Edwin V. Merkel Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1128 Fax: (585) 263-1600
Signature	 Registration No. 40,087
Date	February 27, 2006

### CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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2/27/06

Date



Signature

Laura L. Trost

Typed or printed name



PATENT  
Docket No.: 2354/141 (FF34527/02)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants : Melrose et al. ) Examiner: Preeti Kumar  
Serial No. : 10/053,088 )  
Cnfrm. No. : 6479 ) Art Unit:  
Filed : January 18, 2002 ) 1751  
For : ANTIMICROBIAL POLYMERIC )  
COMPOSITIONS AND METHODS OF )  
TREATMENT USING THEM )

**NOTICE OF APPEAL AND  
REQUEST FOR EXTENSION OF TIME FOR THIRD MONTH**

**Mail Stop AF**  
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P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicants hereby appeal to the Board of Patent Appeals and Interferences from the Primary Examiner's decision dated August 25, 2005, finally rejecting claims 1-13 and 15-47.

Applicants hereby request an additional extension of time of one month from the two-month extended deadline of January 25, 2006. A two-month extension of time fee (\$225.00) was submitted with the Amendment filed on January 25, 2006. The fee for a three-month extension of time is \$510.00. Accordingly, a check to cover the \$285.00 extension of time fee for the third month is enclosed (three-month extension of time fee minus amount paid for the two-month extension of time).

Enclosed herewith is a check in the amount of \$535.00 to cover the \$250.00 appeal fee and the \$285.00 extension of time fee.

Please charge any additional fees which may be required or credit any overpayment to Deposit Account No. 14-1138. A duplicate copy of this form is attached.

03/02/2006 DEMMANU1 00000040 10053088

Respectfully submitted,

01 FC:2401  
02 FC:2253

250.00 OP  
285.00 OP

Date: February 27, 2006

Edwin V. Merkel  
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<i>2/27/04</i>	<i>Laura L. Trost</i>
Date	Laura L. Trost